

## **POSTNATAL HEPATITIS B CASE and HBIG REPORT**

Postpartum or Infant cases up to 24 months of age may be reported to the Perinatal Hepatitis B Coordinator

DATE	DELIVERY HOSPITAL	
REPORTER		PH
REPORTER'S EMAIL		
MOTHER'S INFORMATION		
NAME		DOB
ADDRESS		PH
		H-
		C-
EMERGENCY CONTACT		PH
RACE [ ]American Ind/Alaska Native [ ]Asian [ ]Black/African American [ ]Native Hawaiian/Pacific Islander		
[ ]White [ ]Unknown		
ETHNICITY [ ]Hispanic/Latino [ ]Non-Hispanic/Latino [ ]Unknown		
PRENATAL CARE PROVIDER		PH
HEP B LABS: HBsAg: HBeAg:	HBV DNA:	
[ ] Mother's HBsAg status is <b>unknown</b> at time of delivery	Insurance	
**PLEASE ATTACH ORIGINAL HEPATITIS B LAB REPORTS**		
SURNAME OF FATHER		
NEWBORN/CHILD INFORMATION		
NAME	[ ]M [ ]F DOB	TIME WT
HBIG GIVEN DATE TIM	1E [ ]N	OT GIVEN/UNKNOWN
HEB B VACCINE DATE TIME	1E [ ]N	IOT GIVEN/UNKNOWN
OUTPATIENT PEDIATRIC CARE PROVIDER EXPECTED		РН

\*\*ATTACH VACCINATION RECORD IF NEW PEDIATRIC REFERRAL\*\*

Send all case referrals to the DOH **CONFIDENTIAL FAX** at <u>202-741-8720</u>. For assistance please call <u>202-671-4900</u>. For confirmation of receipt, please include your e-mail address.